

Application No. 10/801,402
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Attorney Docket No. 04549/LH

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**IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE**

TOTAL PAGES: 6

Applicant(s): Y. IKETAKI, ET AL

1. Covering letter
2. 5 Powers of Attorney

Serial No. : 10/771,729

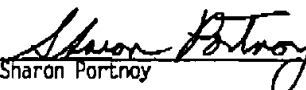
Filed : February 4, 2004

For : MICROSCOPE

Customer No.: 01933

Examiner :

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Sharon Portnoy

Dated: November 23, 2004

SUBMISSION OF NEW POWERS OF ATTORNEY

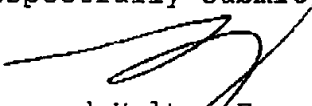
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extension of time, and to the
extent not tendered by form
PTO-2038 attached hereto,
authorization to charge the
extension fee to Account
No. 06-1378.

S I R :

Submitted herewith are five Powers of Attorney (PTO/SB/82),
each signed by a respective inventor, in the above-identified
application. Please enter the new Powers of Attorney and amend
the Patent Office records accordingly.

Respectfully submitted,


Leonard Holtz, Esq.
Reg. No. 22,974

Frishauf, Holtz, Goodman & Chick, P.C.
767 Third Avenue - 25th Floor
New York, New York 10017-2023
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LH:sp

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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|------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/771,729 |
| | Filing Date | February 4, 2004 |
| | First Named Inventor | Yoshinori IKETAKI |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 04549/LH |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

01933

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

01933

OR

| | | | | |
|-----------------------------------------------------|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|----------------------|-----------|--|
| Name | Toshio SUZUKI | | |
| Signature | <i>Toshio Suzuki</i> | | |
| Date | October 7, 2004 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

☒ Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | | | |
|-----------|-------------------------|-----------|--|
| Name | Yasunori IGASAKI | | |
| Signature | <i>Yasunori Igasaki</i> | | |
| Date | October 12, 2004 | Telephone | |

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| | | | |
|-----------|--------------------------|-----------|--|
| Name | Yoshinori IKETAKI | | |
| Signature | <i>Yoshinori Iketaki</i> | | |
| Date | Nov. 8, 2004 | Telephone | |

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| <input type="checkbox"/> Firm or Individual Name | | | | |
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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-------------------------|-----------|--|
| Name | Takeshi WATANABE | | |
| Signature | <i>Takeshi Watanabe</i> | | |
| Date | Nov. 8, 2004 | Telephone | |

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Individual Name

Address

Address

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Zip

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Name

Masaaki FUJII

Signature

Masaaki Fujii

Date

Nov. 8, 2004

Telephone

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